

SANDY PARKS & RECREATION

2011 INDOOR SOCCER

TEAM PRE-APPROVAL FORM

Office use only

Date out: _____

Date in: _____

440 East 8680 South - Sandy, Utah 84070 - P: (801) 568-2900 - F: (801) 561-6733

LOCATION / LEAGUE: _____ AGE GROUP _____

COACH: _____ H) _____ W) _____ C) _____

COACH'S E-MAIL: _____

ASSISTANT COACH _____ H) _____ W) _____ C) _____

ASSISTANT COACH'S E-MAIL: _____

Office use only:

Please attach players registration forms with payment & return completed information as soon as possible. Limited number of participants available at each location. If a player form is not attached please note it next to their name. Listing a player does not guarantee they will be on your team.

	PLAYERS NAME (Please print)	BIRTH DATE	GRADE	YEARS EXP.	ELEMENTARY SCHOOL
1.		___/___/___			
2.		___/___/___			
3.		___/___/___			
4.		___/___/___			
5.		___/___/___			
6.		___/___/___			
7.		___/___/___			
8.		___/___/___			

I _____ certify that the above information is accurate and agree to provide Sandy City with any other information needed to place my players in the proper division of play.

Coach's Signature

Date